



## LOCAL 36 BENEFIT FUNDS

2319 CHOUTEAU AVE., SUITE 300 · ST. LOUIS, MO 63103 · [www.smw36benefits.org](http://www.smw36benefits.org)  
Tel: (314) 652-8175 Toll-Free: (800) 741-9411 Fax: (314) 652-0338

July 11, 2017

Dear Member,

In compliance with our annual audit, we are required to have updated beneficiary forms in our files every three years. We are sending these forms to all members requesting that this information be completed and returned to us so we may update our records.

In the enclosed envelope, you will find the following forms:

1. Enrollment Form – Welfare Fund (please include any updated documents such as divorce decrees if you have had a change in marital status)
2. Life Insurance Beneficiary Form – Welfare Fund
3. Personal Health Information (PHI) Form- Welfare Fund  
This form allows the Benefit Office to speak to your spouse or other representative regarding your Welfare benefits or other fringe benefit information; each adult in the family should fill this out if they want any other person to have access to their personal information.
4. Beneficiary Form for the Pension Fund
5. Beneficiary Form for the Vacation Fund;
6. Beneficiary Form for 401(k) Fund; and
7. 401(k) Voluntary contribution election form
8. SASMI beneficiary form

***It is necessary for you to complete these forms and return them to the Fund Office no later than September 15, 2017. Any member who does not return this packet of information will have Welfare benefits suspended until the forms are received.***

If you have any questions or need additional information, please do not hesitate to contact the Benefit's office.

Respectfully,

The Board of Trustees